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		A. BUILDING 00 B. WING	03/24/2011

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RIVER CROSSING INDEPENDENT ASSISTED LIVING COMMUN	2400 MARKET STREET CHARLESTOWN, IN47111

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R0000	This visit was for a State Residential Licensure Survey. Survey dates: March 23, 24, 2011 Facility number: 012007 Provider number: 012007 Aim number: NA Survey Team: Avona Connell, RN TC Donna Groan, RN Gloria J. Reisert, MSW Census bed type: Residential: 71 Total: 71 Census payor type: Other: 71 Total: 71 Sample: 10 Supplemental sample: 08 These State Residential Findings are cited in accordance with 410 IAC 16.2. Quality review completed 3-27-11 Cathy Emswiller RN	R0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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R0144	Based on observation, the facility failed to ensure equipment in the resident laundry was clean for 1 of 1 observations. Findings include: 1. On 03/24/11 at 11:56 a.m.,during observation of the resident laundry the following was noted: a. Window sills were dusty. b. Wood shelving was soiled with heavy dust that rolled up when swiped with the hand. c. The top of the paper towel dispenser was dusty. d. The ceiling vent was soiled with heavy dust.	R0144	1) The laundry room listed was cleaned to include the dusty window sill, shelving, paper towel dispenser and ceiling vent.2) A review was completed of the other two laundry rooms to assure these same issues were not found there as well and any needed cleaning was performed.3) The cleaning schedule has been modified to include the specific items that are to be cleaned and all CNA's will be inserviced on the importance and process used to clean the rooms.4) The General Manager, or designee, will audit the laundry rooms three times per week for the next ninety days to assure continued compliance. Should issues still exist, three times a week audits will continue, but if resolved, monitoring shall be reset at one time per week through the end of 2011.	04/29/2011

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R0148	Based on observation, interview and record review, the facility failed to ensure cleaning supplies and disinfectant agents were secure and electrical outlets were securely attached to the wall on 1 of 2 days. (March 24, 2011) This deficient practice had the potential to affect 71 current residents. Findings include: On 03/24/11 at 8:15 a.m., the door to the beauty shop was open with no staff in attendance. The following items were observed in the beauty shop: 1. A container to with combs in Barbicide (disinfectant) solution on the counter top. 2. On 03/24/11 at 8:15 a.m., the Administrator indicated the door was to be locked, when the beautician was not in attendance. He further indicated she was not in the facility, at this time. At 8:25 a.m., on 03/24/11, the door to the Physical Therapy Department was unlocked with no staff in attendance. The following items were observed in the therapy department:	R0148	1) The chemicals in the beauty shop and therapy room were secured at the time identified. This included the Barbasol antiseptic, Array Odor Eliminator and Array Citrus Spray and Wipe. In addition, the breaker to the outlet the washer was plugged into was turned off and the repair was completed on 3/25/11.2) The General Manager checked all other storage areas and laundry rooms and no other issues were found.3) The therapy department room has had locks installed on all drawers and cabinets and has been instructed to keep all items in these locked areas. The beauty shop room has had locks installed on cabinets and the beautitian has been instructed to keep the Barbasol in the locked cabinet. In addition, all staff will be inserviced on the importance of keeping these two rooms (and all areas with safety hazards) locked.4) The General Manager, or designee, will audit the laundry and therapy rooms as well as the beauty shop three times per week for the next ninety days to assure continued compliance. Should issues still exist, three times a week audits will continue, but if resolved, monitoring shall be reset at one time per week through the end of 2011.	04/29/2011

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	3. A bottle of Array Odor eliminator. 4. A bottle of Array Citrus Spray and Wipe. At 8:30 a.m., the Administrator was made aware of the unlocked door and during interview at that time indicated the door was to be locked, when therapy staff were not in attendance. On 03/24/11 at 3:45 p.m., the Administrator provided Material Safety Data Sheets for the following items. 1. Barbicide (disinfectant) First Aid Procedures listed: "Ingestion: Drink 1-2 glasses of water. If symptoms persist, seek medical attention. Do not induce vomiting without medical advice. Probable mucosal damage may contraindicate the use of gastric lavage. Ingestion of large quantities (greater than 50 ml) can cause circulatory shock. Seek immediate medical attention." "Eye Contact: Flush with water for 15-20 minutes." 2. Odor Eliminator: First Aid Measures listed: "Ingestion: Do not induce vomiting. If patient is conscious and can swallow, administer milk or water. Administer first aid treatment as stated			

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	above, then call (phone number) or contact physician for further medical instructions." 3. Citrus Spray and Wipe: First Aid Measures listed: " "Ingestion: Do not induce vomiting. If patient is conscious and can swallow, administer milk or water. Administer first aid treatment as stated above, then call (phone number) or contact physician for further medical instructions." 4. During observation of the resident laundry room on 03/24/11 at 11:56 a.m., the following was noted: The electrical outlet,the washer was plugged into, was pulled loose from the wall approximately 1/2 inch on the top and left side. 5. During the exit conference on 03/24/11 at 3:53 p.m., the Administrator indicated the breaker to the electrical socket in the laundry had been turned off until repairs could be completed.			

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R0151	Based on record review and interview, the facility failed to ensure a dog housed in the facility, by a resident, had immunizations which were current for 1 of 1 dog housed in the facility. (Resident #18) Findings include: On 3/24/11 at 11:35 a.m. the Activities Director provided a binder with the veterinary examination record for all pets housed in the facility. In interview at this time the Activity Director indicated resident #18 currently had a dog which had its last veterinary check 11/17/09. Reminder's included 11/17/10 as the next checkup. In interview with the Activities Director, at 12:10 p.m., she indicated an appointment at the veterinary had been made for this afternoon. She had contacted the veterinarian and there was no record of an exam in November 2010. On 3/24/11 at 12:55 p.m., the Administrator provided the policy and procedure "Personal pets of residents" undated which included, but was not limited to: "How to make it happen...4. Ensure that dogs and cats meet the following requirements: Are spayed or neutered and all immunizations current. 5. Request that an annual statement of health from the veterinarian be provided."	R0151	1) The dog in question was taken to the vet that day and the health record was updated with the current vaccinations.2) A review of all other pets was completed to assure all pets meet the facility policy.3) A letter on health statements for pets was distributed to all residents with pets indicating the importance of keeping vaccinations current. In addition, a schedule of pets and dates due was developed to assist in keeping vaccines current.4) The General Manager will review the pet binder monthly with the Activity Director to assure all vaccines are current.	04/29/2011

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R0154	Based on observation and interview, the facility failed to ensure equipment and the ice machine was clean on the inner surface on 1 of 2 kitchen observations. (March 23, 2011) This deficient practice had the potential to affect 71 current residents. Findings include: On 03/23/11 at 8:45 a.m., the following was observed: 1. The can opener blade was soiled with a dried green black substance. In interview with the facility cook at this time, she indicated she had not used the can opener this morning. 2. The ice machine was soiled, on the inner surface the ice dropped from, with a slick brown substance. On 03/23/11 at 8:51 a.m., in interview with the cook, she indicated she only wipes the outside of the ice machine. She indicated she was not aware of who cleans the inside.	R0154	1) The can opener blade was cleaned and the ice machine was cleaned.2) A sanitation review of the entire kitchen has been completed to assure all other kitchen sanitation items were up to date and in compliance.3) All kitchen staff were inserviced on the proper way to clean these two items and on the frequency and method of cleaning.4) The Dietary Supervisor, or designee, will complete five time per week audits of these two pieces of equipment to assure the proper cleaning method and frequency is maintained.	04/29/2011

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R0178	Based on observation and interview, the facility failed to ensure objectionable odors were eliminated for 2 of 69 rooms. (Room 233 and 109) Findings include: On 3/23/11 between 8:45 a.m. and 10:00 a.m., a strong ammonia odor was noted in the hallway between the nursing office and the hallway near room 233. At 2:25 p.m., the Administrator asked the resident in the room for permission to enter the room. A strong odor of ammonia was noted prior to entering the room and close to the bed near the window. During interview with the Administrator at that time he indicated it was a struggle to keep the odor down. On 3/24/11 at 9:35 a.m., a strong ammonia odor was noted in the hallway prior to entering room 233 with the Administrator. At that time, the Administrator removed all linens from the mattress of the bed near the window. A very strong urine/ammonia odor was detected. When the Administrator raised the mattress up a light brown spot was observed near the stitching and the stitching along the mattress was brown in color. The mattress was green. On 3/24/11 between 1:15 p.m. and 1:45	R0178	1) Both mattresses have been replaced.2) A review of all other rooms was conducted to identify any other odor issues and allow corrections to be made as needed.3) All nursing and housekeeping staff have been inserviced on the need to identify odor issues and the need to resolve these issues immediately. 4) The Clinical Director, or designee, will audit all rooms weekly through 2011 to monitor for odors to assure any problem areas are identified and corrected.	04/29/2011

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	p.m., room 109 was entered to check the water temperature. At that time, a strong urine/ammonia odor was noted near the mattress. The Wellness Director, at this time, took the linens off of the bed. A large dark area was noted on the mattress as was the odor. In interview with the Wellness Director at that time, she indicated she was going to call the resident's daughter to discuss replacing the mattress.			

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R0302	Based on observation and interview, the facility failed to ensure over the counter medications were labeled with physician names for 1 of 10 sampled residents (resident #3) and 3 residents in a supplemental sample of 7 (resident #15, 16, #17) in 2 medications carts reviewed. Findings include: On 03/23/11 between 10:00 a.m. and 11:45 a.m., the following was observed: 1. Resident # 3 had 2 bottles of Vitamin B 100 mg (milligrams), 1 bottle of Tylenol 500 mg and 1 bottle of Multivitamins in the cart containing medications for residents residing on the 200 hall. The medications lacked the physician name. 2. Resident #15 had 1 bottle of Calcium 600 mg, and 1 bottle of Daily Vitamins in the cart containing medications for residents residing on the 200 hall. The medications lacked the physician name. 3. Resident #16 had 1 box of Allergy Relief 10 mgs ,in the cart containing medications for residents residing on the 100 hall. The medication lacked the physician name. 4. Resident #17 had a bottle of Fish Oil	R0302	1) These medicine labels were corrected and now contain the prescribing MD's name on the labels.2) A review of all Over the Counter Meds was completed by the Clinical Director to assure prescribing MD Name is on the labels for every resident.3) All licensed staff and QMA's will be inserviced on the needed information to be contained on medicine labels and will be trained on not accepting OTC medications unless the labels are correct.4) The Clinical Director, or designee, will complete weekly audits of 10 resident's OTC medications for correct labeling (including name of prescribing MD is present on the label) through the end of 2011.	04/29/2011

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	1200 mgs. in the cart containing medications for residents residing on the 100 hall. The medication lacked the physician name. On 03/23/11 at 10:06 a.m., in interview with Qualified Medication Aide #1, who was assisting with review of the Over the Counter Medications, indicated "Pharmacy was here 2 weeks ago and checked the medication carts."			

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R0304	Based on observation and interview, the facility failed to ensure medication carts were locked/secured when staff were not in attendance on 2 of 2 observations. This deficient practice had the potential to affect 71 current residents. Findings include: 1. On 03/22/11 at 9:03 a.m., during observation of the medication pass with Qualified Medication Aides (QMA) #1 and #2 the QMA's prepared the medications for resident #14 and entered the resident's room. They failed to lock the medication cart. 2. On 03/23/11 at 12:50 p.m., the medication cart was observed unlocked in the hall outside of the Nursing Office. Nursing staff were in the Nursing Office with the door shut and not in sight of the medication cart. In interview with the Director of Nursing on 03/24/11 at 3:26 p.m., she indicated the medication was to be locked when staff are not in attendance.	R0304	1) The med carts were locked upon discovery.2) The other med carts were checked to assure they were secured and locked at the time these were found.3) An inservice with all licensed nursing staff and QMA's on the importance of keeping all medication carts and rooms locked, when not in attendance was conducted.4) The Clinical Director, or designee, will audit each med cart five times per week for three months. Should issues still exist, five times a week audits will continue, but if resolved, monitoring shall be reset at one time per week through the end of 2011.	04/29/2011